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ABSTRACT

The Facts on Aging Quiz (FAQ) has been used in different studies to assess the level of knowledge about old age. It contains 25 factual statements concerning basic physical, mental, and social facts and the most common misconceptions about aging. One purpose of this study was to identify the most frequent misconceptions in a group of older adults toward their own age cohort. Another purpose was to measure indirectly their bias toward the aged. The FAQ was given to 57 adult subjects who ranged in age from 42 to 90, with 39 subjects answering all questions. The results suggest that older adults do not have as broad a range of negative stereotypes of aging as does the general population. The older adults did not see themselves as unable to change and often bored, as did the other populations reviewed. These adults tended to resist seeing the decline of physical function as a natural reflection of the aging process by denying that all five senses tend to decline with age. Although those with a high school diploma or less showed more anti-age error than did those with more education, the number of pro-age errors was most marked in the group with some college education. There were no significant differences on total scores or on bias scores between sex or educational level. (Author/ABL)

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OLDER ADULTS' LEVEL OF KNOWLEDGE ABOUT OLD AGE USING THE FACTS OF AGING QUIZ

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ABSTRACT

Palmore's Facts on Aging Quiz which assesses knowledge about old age was used to identify the most frequent misconceptions of older adults about their own cohort. Results suggest that older adults do not have as broad a range of negative stereotypes of aging as the general population. Older adults at lower educational levels tended to have more knowledge about aging than the general population.

Key Words: Aging, Elders, Attitudes

OLDER ADULTS' LEVEL OF KNOWLEDGE ABOUT OLD AGE USING THE FACTS OF AGING QUIZ

INTRODUCTION

The Facts on Aging Quiz (FAQ) was first published in August 1977 and has been used in different studies to assess the level of knowledge about old age. It contains 25 factual statements concerning basic physical, mental, and social facts and the most common misconceptions about aging. It is often used to stimulate group discussion and clarify misconceptions, but it can also be used to identify the most frequent misconceptions. Further it can also be used to identify groups having the most misconceptions, to study attitudes toward the aged, and to measure the effects of training (Palmore, 1980).

One purpose of this study was to identify the most frequent misconceptions in a group of older adults toward their own cohort. Another purpose was to indirectly measure their bias toward the aged. Using the FAQ as the instrument of choice also provided an opportunity for group discussion and clarification of misconceptions.

Research has shown the FAQ to have high group score reliability and test-retest reliability. It also has a high degree of face validity and construct validity (Palmore, 1980; Barresi and Brubaker, 1988). The FAQ bias score is an indirect measure of attitudes toward the aged and has low correlation with more direct measures of attitude (Holtzman and Beck, 1979). This is may be a result of the test primarily measuring knowledge rather than attitudes.

METHOD

The FAQ was given to 57 older adults, members of a community group, gathered together for their regular monthly luncheon meeting. They ranged in age from 42 to 90 with a mean age of 71 (s.d. = 8.7). They were primarily caucasian (98%) and retired (89%). Approximately half (52%) of them were female. Twenty-eight percent had a college or professional degree, 16% had some college education, 39% had at least a high school education, and 14% did not graduate from high school. (Two people did not answer this question).

Items were scored according to Palmore's key (1977) so that a correct response was given a value of one, and an incorrect response a value of zero. The proportion of the sample responding with the correct or appropriate answer to each item was found. In addition, pro-age bias, anti-age bias, and net bias scores (defined by Palmore) were found for each person.

RESULTS

Thirty-nine people answered all 25 questions. Overall scores ranged from 10 to 20 with a mean score of 17 for males and 16 for females. (Differences in scores between males and females were not significant). Seventy-four percent of those answering all the questions had a score of 16 or better. The average older adult with a high school diploma or less (n = 20) got approximately 61% of the items correct, as compared with 50% of those in the reviewed studies. The average score for those with a professional or college degree was 70% (n = 11).

The most frequent misconceptions (over half of the group responding incorrectly) about the aged found in previous research (Palmore, 1980) are reported in Table 1 along with the frequency of response from the present

sample. Other frequent misconceptions held by the present sample about the aged (50% or more incorrect responses) are listed in Table 2.

Table 1. Comparison of Responses of Older Adults with the Most Frequent Misconceptions About Aging.

Item	Frequency of Incorrect Response	N
More than 10% of the aged are in long-stay institutions (#7)	63%	54
Most aged are set in their ways and unable to change (#11)	36%	55
Majority of aged are seldom bored (#16)	39%	56
Over 15% of the population are 64 or older (#19)	93%	54
Majority of aged are in poverty (#21)	57%	53
Majority of aged are often irritated or angry (#24)	48%	52

Table 2. Other Misconceptions About Aging in an Older Adult Community Group.

Item	Frequency of Incorrect Response	N
All 5 senses tend to decline with old age (#2)	59%	56
Old people usually take longer to learn something new (#12)	50%	56
Most medical practitioners tend to give low priority to the aged (#20)	50%	52
Older people tend to become religious as they age (#23)	73%	55
The health and social-economic states of older people in 2000 will probably be worse or about the same as that of today's older people (#25)	67%	51

The most frequent misconceptions (Table 1) involve five negative stereotypes about the aged. Our older adults answered three of these incorrectly. In the additional items (Table 2), one was answered with a positive bias (item 2) and one with a negative bias (item 25).

Our older adults did not see themselves as unable to change and often bored as did the other populations reviewed (Palmore, 1980). On the other hand, these older adults tended to resist seeing the decline of physical function as a natural reflection of the aging process by denying that all five senses tend to decline with age and new things take longer to to learn. They generally saw older adults becoming more religious as they age and the plight of older adults becoming financially and socially worse as the years go by. They were evenly divided on their awareness of the priority of attention given by the medical profession to the elderly.

Pro-age bias, anti-age bias, and net bias scores were found for individuals who answered every question. A summary of ranges, means and standard deviations for the Bias Scores appears in Table 3. A summary of responses with respect to groups appears in Table 4.

Table 3. Ranges, Means, and Standard Deviation of Bias Scores.

Scale	Low	High	M	SD	N
Pro-Age Bias	0	1	0.37	0.27	54
Anti-Age Bias	0.06	0.63	0.28	0.14	40
Net Bias	-0.38	0.74	0.10	0.31	40

Table 4. Pro-Age, Anti-Age, Net Bias in Mean % Error by Education and by Sex.

Group	N	Mean % Errors Pro-Age	Mean % Errors Anti-Age	Mean % Errors Net Bias
By Sex				
Males	18	31	28	3
Females	21	44	30	14
By Education				
No HS	4	25	34	-9
HS	17	38	34	3
Some Col	8	53	20	32
Col/Prof	11	33	23	9

Net bias scores ranged from a negative bias of -0.38 to a positive bias of 0.74 with a mean of 0.10 (SD=0.31). Females tended to have a stronger, albeit non-significant, net bias than males (14% to 3% respectively). They also tended to have more pro-age bias errors (also non-significant).

The level of education showed a trend of low mean negative bias of -9% for those with no high school diploma to a high mean positive bias of 32% for those with some college. Net bias again dropped to 9% for those with a college or professional degree. An analysis of variance revealed no significant differences between the main or interaction effects of education and sex. Although those with a high school diploma or less showed more anti-age error than did those with more education, the number of pro-age errors was most marked in the group with some college education.

SUMMARY

Generally the most frequent misconceptions about aging involve negative images. However, older adults do not seem to have as broad range of negative stereotypes of aging as the general population represented in the other studies. There were no significant differences on total scores or on bias

scores between sex or educational level although the most educated people tended to have the most knowledge about aging, and those with some college education seemed to be the most positively biased toward aging. Also, older adults even at lower education levels tended to have more knowledge about aging than the general population as reported in the reviewed studies.

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